

Open and Honest Care in your Local Hospital



The *Open and Honest Care: Driving Improvement* programme aims to support organisations to become more transparent and consistent in publishing safety, experience and improvement data; with the overall aim of improving care, practice and culture.



Report for:
The Christie
NHS Foundation Trust
February 2015

Open and Honest Care at The Christie NHS Foundation Trust: February 2015

This report is based on information from February 2015. The information is presented in three key categories: safety, experience and improvement. This report will also sign-post you towards additional information about this Trust's performance. This information relates to inpatient activity only.

1. SAFETY

Safety thermometer

On one day each month we check to see how many of our patients suffered certain types of harm whilst in our care. We call this the NHS Safety Thermometer. The safety thermometer looks at four harms: pressure ulcers, falls, blood clots and urine infections for those patients who have a urinary catheter in place. This helps us to understand where we need to make improvements. The score below shows the percentage of patients who **did not** experience any harms.

96% of patients **did not** experience any of the four harms in this trust.

For more information, including a breakdown by category, please visit:

<http://www.safetythermometer.nhs.uk/>

Health care associated infections (HCAIs)

HCAIs are infections acquired as a result of healthcare interventions. Clostridium difficile (C.difficile) and methicillin-resistant staphylococcus aureus (MRSA) bacteremia are the most common. C.difficile is a type of bacterial infection that can affect the digestive system, causing diarrhoea, fever and painful abdominal cramps - and sometimes more serious complications. The bacteria does not normally affect healthy people, but because some antibiotics remove the 'good bacteria' in the gut that protect against C.difficile, people on these antibiotics are at greater risk.

The MRSA bacteria is often carried on the skin and inside the nose and throat. It is a particular problem in hospitals because if it gets into a break in the skin it can cause serious infections and blood poisoning. It is also more difficult to treat than other bacterial infections as it is resistant to a number of widely-used antibiotics.

We have a zero tolerance policy to infections and are working towards eradicating them; part of this process is to set improvement targets. If the number of actual cases is greater than the target then we have not improved enough. The table below shows the number of infections we have had this month, plus the improvement target and results for the year to date.

	C.difficile	MRSA
This month	0	0
Improvement target (year to date)	20	0
Actual to date	19*	0

*Only four cases of C-Diff so far this year have been classified as avoidable

Whilst we have recorded a small number of *Clostridium difficile* infections so far this year - it is important to note that **only four** cases have been deemed **avoidable** by external committee. Patients with a diagnosis of cancer are more vulnerable to getting C-diff infection due to treatment with high doses chemotherapy and increased use of opiate based analgesia that can affect gut motility.

Pressure ulcers

Pressure ulcers are localised injuries to the skin and/or underlying tissue as a result of pressure. They are sometimes known as bedsores. They can be classified into four grades, with one being the least severe and four being the most severe.

This month 3 Grade 2 - Grade 4 pressure ulcers were acquired during hospital stays.

Severity	Number of pressure ulcers
Grade 2	3
Grade 3	0
Grade 4	0

So we can know if we are improving even if the number of patients we are caring for goes up or down, we also calculate an average called 'rate per 1,000 occupied bed days'. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report pressure ulcers in different ways, and their patients may be more or less vulnerable to developing pressure ulcers than our patients. For example, other hospitals may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

Rate per 1000 bed days:	0.65
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Falls

This measure includes all falls in the hospital that resulted in injury, categorised as moderate, severe or death, regardless of cause. **This includes avoidable and unavoidable falls sustained at any time during the hospital admission.**

This month we reported 1 fall that caused at least 'moderate' harm.

Severity	Number of falls
Moderate	1
Severe	0
Death	0

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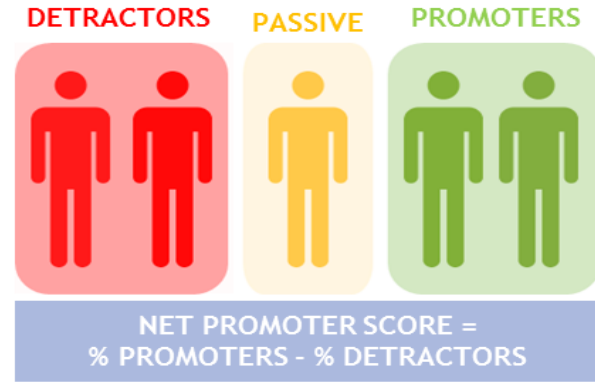
Rate per 1,000 bed days:	0.22
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2. EXPERIENCE

To measure patient and staff experience we use a Net Promoter Score.

The idea is simple: if you like using a certain product or doing business with a particular company you like to share this experience with others.

From the answers given 3 groups of people can be distinguished:
 Detractors - people who would probably not recommend you based on their experience, or couldn't say .
 Passive - people who may recommend you but not strongly.
 Promoters - people who have had an experience which they would definitely recommend to others.



This gives a score of between -100 and +100, with +100 being the best possible result.

Patient experience

The Friends and Family Test

The Friends and Family Test (FFT) requires all patients, after discharge, to be asked: *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*

In-patient FFT score*

93

This is based on 145 responses.

*This result may have changed since publication, for the latest score please visit:

<http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

The Trust Friends and Family test scores are now published on the ward information screens, together with patient comments and improvement stories. By the end of January all the harm free care data published in this report will also be available in real time on the ward screens

The following questions are asked as part of our monthly patient experience survey. The scores for each set of responses are calculated using the net promoter scoring methodology. In total 193 patients were asked relevant questions across all areas of the hospital.

	Net Promoter Score
Were you involved as much as you wanted to be in the decisions about your care and treatment?	68
If you were concerned or anxious about anything while you were in hospital, did you find a member of staff to talk to?	58
Were you given enough privacy when discussing your condition or treatment?	65
During your stay were you treated with compassion by hospital staff?	71
Did you always have access to the call bell when you needed it?	80
Did you get the care you felt you required when you needed it most?	70
How likely are you to recommend our ward/unit to friends and family if they needed similar care or treatment?	79

I'm now on a mission to warn people of the dangers of too much sun exposure

My name is Laura and I was a self-confessed tan addict. For more than 20 years I prized a deep brown tan, using sun beds for more than 10 years and going on holiday to places where I could bake in the sun every day. It used to be a standing joke at work - what shade was I aiming for? The reply was always "mahogany!"

My life changed forever when, on 5th Feb 2014, I got the news of my cancer. My fiancé and I were five days into our two week holiday in Fuerteventura and were just about to settle on the balcony with a refreshing cold drink after a lovely hot day in the sun. I received a text message asking me to call the dermatologist who'd done a biopsy a month earlier on a little red spot on the back of my leg.

More than six months previous to this, in June 2013, I found the little red raised spot and thought it was an insect bite. It didn't hurt or bleed; it was just something new that popped up. My GP and the dermatologist both thought it was an insect bite that had got infected, so I can honestly say not for one second did it ever cross my mind that anything nasty was going on. I remember standing in the holiday apartment and hearing the dermatologist's words, "I'm so sorry to tell you it's melanoma." I didn't really know what that meant, but I do know that I felt sick to the pit of my stomach.

Getting diagnosed with malignant melanoma knocked the stuffing out of me, but I'm an extremely positive person and I had to believe I was going to be ok. I was in the hands of some of the world's leading melanoma consultants - and I knew I was getting the best care possible from Mr Oudit and his team at The Christie.

At the end of February last year I had a wider excision in the back of my leg and I chose to have a 'sentinel lymph node biopsy', which is offered to patients when the melanoma margin is larger than 1mm. Mine was just over at 1.5mm. I knew then I'd done everything possible to try and catch it early.

A month later in March last year I went back for my results. I was told the melanoma had spread and it was found in the 2 main sentinel lymph nodes in my right groin. It meant I had to have all the lymph nodes cut out of my right groin and I could also opt to have some removed from my pelvis laproscopically. I chose to have the extra procedure because again, I then knew I was doing everything possible to try and stop the melanoma spreading.

On June 4th, a week after major surgery I was told that no more melanoma was found! I couldn't believe it! I hugged the consultant and thought that's it! - I can get on with my life now! I should have been jumping for joy! But this is when I came crashing down and I started to worry about what else was going on inside me.

I developed swallowing problems and could feel a lump in my throat. It took about another four months, numerous tests and examinations to finally convince me that I didn't have throat cancer. My problems were all down to anxiety.

During this time I reached my lowest point. One time I took myself off to A&E at my local hospital because I was in a state of panic. I knew deep down it wouldn't solve anything, and so I rang The Christie hotline for help. A lovely lady called Barbara spoke to me softly and calmly and told me to do what I felt was right. This sums up The Christie - someone is always there to help you. The Christie is like a wonderful jigsaw - the doctors, nurses and therapists all fit together perfectly to create one big picture of first class holistic care.

It's crazy to think the damage that one little red spot can cause. I would urge everyone to check for moles that change in shape and colour, get bigger or like mine, something new pops up. Please don't bury your head in the sand. Every year there are more than 11,000 new cases of malignant melanoma in the UK and more than 2,000 people die. The sooner you catch it, the more successful the outcome.

Thoughts of having melanoma are with me every day - but I'm determined not to let them hold me back! Last year I missed out on so many wonderful opportunities - reporting at the Commonwealth Games and Wimbledon. I also missed the chance to go and collect an award for the Best Regional Sports Programme in Europe, for being part of the BBC Midlands Late Kick Off programme. So now I'm going to grab every opportunity that comes my way, with both hands!

My whole outlook on life has changed too, I've got different priorities, and the bond with my family and friends is even stronger. If it wasn't for them, I really don't know where I'd be today! I don't know how I'll ever be able to repay Mr Oudit and his team for saving my life, and all the compassion he showed. Also, if it wasn't for Caroline Owens, the specialist skin cancer nurse at The Christie, who went above and beyond to help me, referring me for counselling, I would be in a very different place mentally right now.

I'm a true believer that something good comes out of something bad. Ok I didn't expect to be diagnosed with melanoma - but I've met so many wonderful people along the way - My amazing GP Dr Flower, dermatologist Dr Kingston, Macmillan skin cancer nurse Kate Howlen at Macclesfield hospital and St Luke's Cheshire Hospice who offered counselling. I've had first class treatment from day one and I feel privileged to have received such incredible care, with consultants who are at the forefront of cancer expertise.

As I write my story we're on holiday in Lanzarote! What a difference a year makes! I can still enjoy the sunshine (but sensibly now) - I slap on factor 50, stay out of the midday sun, sit in the shade and cover up from head to toe! I blend right in! I've even brought my own spray tan on holiday! I know Mr Oudit would be proud of me!

Staff experience

We asked 10 staff the following questions:

	Net Promoter Score
I would recommend this ward/unit as a place to work	90
I would recommend the standard of care on this ward/unit to a friend or relative if they needed treatment	100
I am satisfied with the quality of care I give to the patients, carers and their families	90

3. IMPROVEMENT

Improvement story: we are listening to our patients and making changes

Improvement Story

During National Nutrition and Hydration week (w/c 16th March) the Dietetics Service planned multiple activities to raise staff, patient and carer awareness of the importance of good nutrition and hydration. This included:

- Afternoon tea and cake for patients on the wards with our own Exec team and staff from departments across the trust
- An informative display of information on the main corridor of the hospital
- The launch of nutrition champions

The Role of the Oncology Dietitian at The Christie is:

- To provide a high quality specialised nutritional support and dietary education service for oncology patients attending The Christie to promote nutritional health and increased quality of life.
- To act as a specialised resource on nutrition and cancer for patients, carers, medical staff, nursing staff, and other health care professionals associated with The Christie.
- To optimise the nutritional status and quality of life of those patients who are malnourished or at risk of malnutrition as a result of their disease or treatment they are receiving.

Supporting information

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